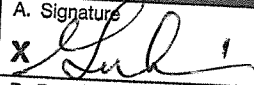


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  </p> <p>B. Received by (Printed Name)            GEORGE E. CICCHIELLO</p> <p>C. Date of Delivery            MAY 29 2024</p> <p><input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Addressee's name and address (Print legibly)</p> <p>Joan Cicchiello            35 West Avenue            Mt. Carmel, PA 17851            3:23cv88 #50</p>		<p>Is different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No            (If Yes, print new address below)</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0284 0651 67</p>		<p>3. Service type</p> <p><input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	